

ORAL HYGIENE

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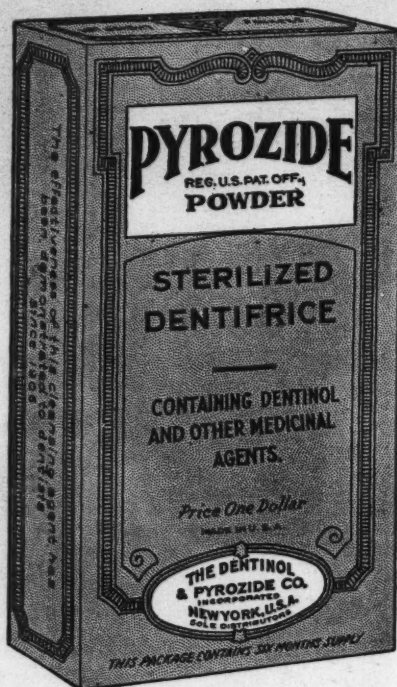
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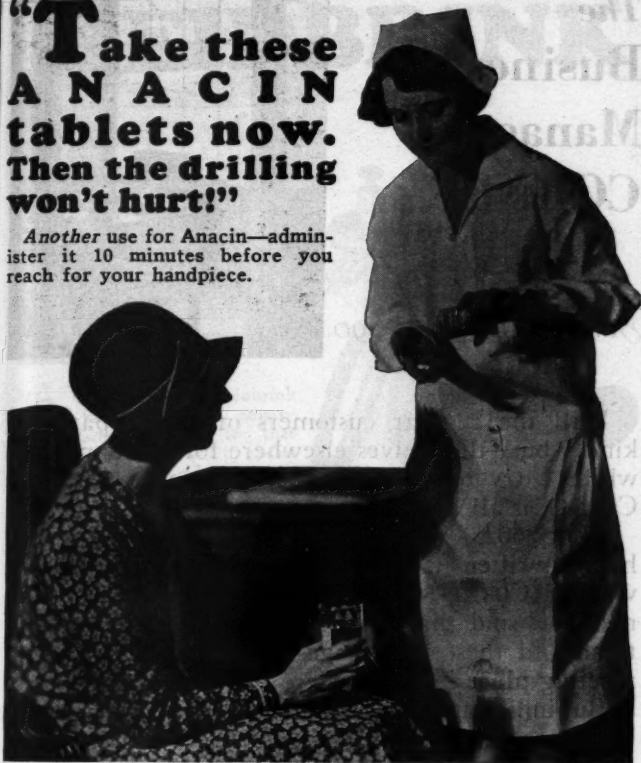
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The Business Manager's CORNER

By Mass

January, 1929 No. 90



Will the regular customers of this department kindly busy themselves elsewhere for a few minutes while I try to tell some 60,000 people what the CORNER is all about?

That "60,000" rather scares me and now I wish I hadn't written it. For eighty-nine months I've been writing CORNERS to a few hundred dental *trade* members and that's easy, because I know most of them and these four pages have become a sort of meeting-place-in-print where I chat with my friends.

But inflicting home-made English and small-town-boy ideas upon the *profession* is another matter, and if you don't believe it try it yourself and see if you don't get frozen feet too.

It was in a misguided moment (of which I have plenty) when I agreed to print the CORNER in all editions of ORAL HYGIENE rather than continuing to restrict it to the trade edition only.

My feelings, as I sit in front of this typewriter this afternoon, recall the evening a couple of years ago when I pinch-hit in Chicago for Colonel McGee at the banquet to our lost friend, Eddie Kells.

I went over there rather nonchalantly, glad of a

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chance to wear my tuxedo, and strolled into the banquet hall at the La Salle to find, not a few friends as I expected, but five or six hundred members of the profession flanked by a speakers' table at which sat nearly every leading light in dentistry. It was just like going to Heaven and being invited to sit with the Saints.

Right then my stomach knotted up and my forehead got hot, and the fluffy frost began to form on my feet just as it does on the pipes in a Frigidaire.

I tottered to the place that had been assigned to me and sat down to suffer in silence. I had a long time to suffer, too, because about a dozen speakers preceded me on the program and used up most of my jokes.

Waiters brought in the dinner and I pecked at mine and bit designs in olives with trembling teeth and sipped water with hot lips and wished I was home with only one fork and no stiff shirt front to worry about.

As the patriarchs and emperors of dentistry rumbled and boomed their speeches and bowed to gales of applause I pictured myself, when the toastmaster reached me, as standing mumbling before the throng, facing a thousand questioning, critical eyes—eloquent eyes that asked "Who in the hell are *you* and what are you here for?"

My memory went back, like that of a drowning man, to my days in grammar school when I had a bad speech impediment and used to get up to recite and then choke and gasp like static on a radio and sit down again without anyone knowing what I had on my mind if anything—days when I phoned a friend and got him on the wire and then couldn't utter a sound. In those days my friends would shout "Hello" a few times and then say, "Oh it's *you*, is it?" *They*

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knew what ailed me but these several hundred dentists didn't, and I passed to a stage of deeper agony in the fear that my vocal cords would become paralyzed once more.

Well, finally, the toastmaster reached my name and it was soon over with because my vocal cords loosened up under applause promoted by Colonel Logan who sat on my right and felt sorry for a lone layman in the midst of his betters—a patient trying to tell six hundred dentists something.

So this afternoon I am squirming mentally just as I did that night and my imagination pictures the 120,000 questioning eyes under which these pages will fall—eyes that ask, "Who in the hell are you? And why are you here?"

I don't know why I am here, except that I was urged by demented friends.

It is easier, though more embarrassing, to tell you who I am—if anybody cares. I am the business manager of ORAL HYGIENE and have been for not quite thirteen years. At least "business manager" is my title although the job is really that of general janit-ing on this paper.

I am not a dentist and never could be because I am not smart enough to learn the big words.

I run the publication office of ORAL HYGIENE here in Pittsburgh with the aid and sympathy of seven young ladies and two young men—the ten of us gathering together and putting into print the editorial material which Colonel McGee sends winging to us from California under red blankets of air-mail stamps—and the advertising section is part of our job, too.

The work fills our waking hours and we never know what month we are living in because, in this business, you begin thinking about January before

CONTENTS



January, 1929

TO SELL 'EM—SHOW 'EM - - - - -	18
<i>By Bartlett Robinson, D.D.S.</i>	
A COMMUNITY DENTAL PROGRAM - - - - -	22
<i>By Walter T. McFall, D.D.S.</i>	
"DEAR ORAL HYGIENE" - - - - -	29
ARCHEOLOGY IS SEVEN DENTISTS' HOBBY - - - - -	32
THE BALLAD OF DENTISTRY - - - - -	34
<i>By Edgar A. Guest</i>	
THE DINNER TO DR. KIRK - - - - -	36
<i>By Samuel Pepys, Jr., D.D.S.</i>	
DON HEROLD CARTOON - - - - -	44
KOHINOORS - - - - -	46
<i>By John Philip Erwin, D.D.S.</i>	
THE OPPORTUNITY FOR THE DENTAL ASSISTANT - -	47
<i>By Mary M. Connolly</i>	
ORAL HYGIENE'S LIBRARY TABLE - - - - -	50
EDITORIALS - - - - -	52

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A Journal for Dentists

NINETEENTH YEAR

JANUARY 1929

VOL. 19, No. 1



Dentistry on the highway: A Chinese practitioner of the gentle and toothsome art in a Malay street. Prize earnings of his prowess are suspended from his brass plate, and others placed before him in heaps. Antiseptics, anesthetics, local and otherwise, are superfluous luxuries in Malaya.

To Sell 'Em Sh

By Bartlett Robinson, D. D. New

YES, I know there are some dentists to whom the very sound of the word "sell" has all the pleasant resonance of the words of a judge ringing on the ears of the accused prisoner, when the old boy in the robe says, "By the neck until you are dead, dead, dead," but why beat about the bush?

I am not ashamed to say that I sell dentistry to my patients, and I know that every dentist in the United States is selling dentistry, although some of them are a lot more successful at it than others.

Like the old darky who was approached by the license inspector, and told that he could not sell fish without a permit, and who said, "Boss, I knowed thar were some reason I couldn't, and I'm shore glad to find it out."

We do not need a permit to sell dentistry, but most of us do need something, and although I do not know just what the need is, I think it is a knowledge of the public's vast interest in good teeth and resultant good health, offset by that same public's vast ignorance as to just what constitutes good dentistry.

When it comes right down to it, just what does the average patient expect from dental restorations?

Freedom from pain, first, perhaps, although appearance will run it a close second. In many cases appearance will be of even more importance to certain classes of patients. Then they expect to be able to eat with minimum discomfort, and if, on top of all that, their health is bettered, that, in the minds of a great many, is just so much "velvet."

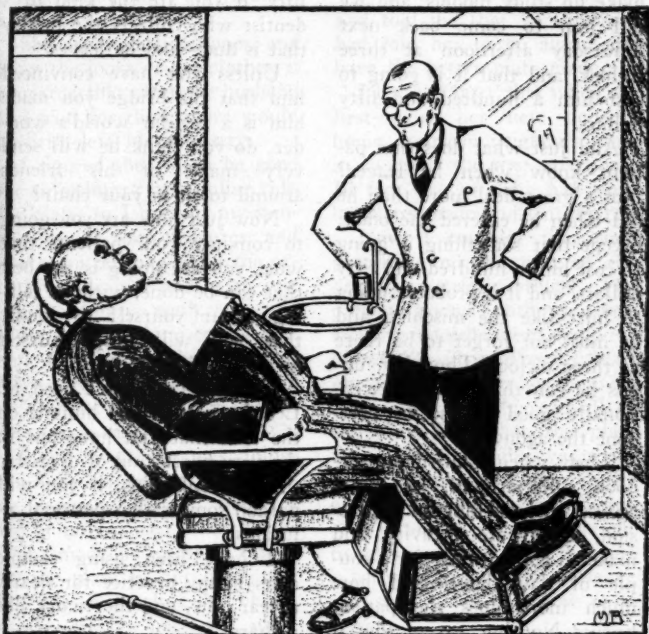
In your own practice haven't you noticed that in most cases the patient was interested first in the price of the work, then in its ability to cure whatever dental ills and pains he suffered, and then the appearance? That's been my experience, at any rate.

Of course there are patients who come in hoping that you will be able to tell them that you can pull a molar and cure their astigmatism, but they are the folks who have, as a rule, been going from one physician to another, and often from one dentist to the next, looking for something that they hope they will never find.

How seldom does a perfectly healthy patient come in and say, "Doctor, I've been feeling better the last few months than I ever thought I should feel, and of course I want to stay that way, and I know that I must take care of my teeth to

Show 'Em

D. New York City, N. Y.



We smile at him as he sits in our chair, helpless and more or less unnerved.

do so, and I want you to look my mouth over and see if I need anything."

No, when we get hold of them there is unusually something the matter with them, and all they want is to get it fixed, and fixed cheaply, quickly and with as little pain as possible.

The millenium may be on

the way, let us hope so, but until it arrives, we dentists are going to keep right on doing a lot of patching and mending, rather than keeping up the mouth so that the endless tinkering will not be needed.

Well, when the patient finally does come in, what do we do?

We smile at him, as he sits

helpless and more or less unnerved in our chair, and we prod around with our explorer and we take a nice card of x-ray pictures, and maybe we make up study models, and we tell him to come back next Thursday afternoon at three o'clock, and that it is going to cost him a hundred and fifty dollars.

And just what does that patient know when he leaves? Not a great deal more than he did when he entered the office, except that something is going to cost him a hundred and fifty dollars, and it is probably going to hurt like the mischief, and he must not forget to be there at three o'clock Thursday, unless he can think up an exceptionally good excuse to postpone the agony.

Then, when Thursday afternoon rolls around, he comes again, and you take an impression, or prepare a cavity, and make an appointment for a couple of days later, and how much more does the patient know? Nothing, except that it did hurt, and hurt like hell, and he will sure be glad when it is over, and he's being gypped out of a hundred and fifty dollars.

Remember, fellows, I'm trying to look at this thing as the average patient sees it, and I think a lot of us dentists are fooling ourselves every day by thinking that the patient is so thoroughly "sold" on us and our dentistry that we need not do a lot of explaining.

After several sittings, the patient is through, for the time being at least, and maybe, so far as you are concerned, forever. He pays his hundred and fifty, if you are the kind of a dentist who collects the money that is due—and he leaves.

Unless you have convinced him that the bridge you made him is a regular world's wonder, do you think he will send very many of his friends around to sit in your chair?

Now just how are you going to convince your patients that what you are doing is the best that can be done, without talking about yourself so loudly that you will keep yourself awake at nights?

Fellows, you won't need to. Let the patient sell himself on the idea that you have put in the very finest kind of dentistry there is. Like this, if you will pardon some rather personal allusions:

I have been using sample cases in my practice for nearly a year now, and they work like a charm.

I had my laboratory make up four plates, some cast one-piece partials, an inlay or two, a porcelain jacket crown and some other pieces.

Every patient that ever sits down in my chair has an opportunity to see them. They are not in a glass showcase. They are always so situated that the patient has a chance to see them in their plush-lined boxes, or on their little onyx mountings, and the patient does the rest.

The other day a patient with whom I was not acquainted came in to see about a denture. My assistant learned that the patient's husband was a trolley car operator, salary forty dollars a week.

She needed a full upper, and from the looks of her clothes, it appeared that after the husband had paid for those there would be little left for dentistry.

I figured she would be good for an ordinary fifty dollar rubber plate, so I got out my sample case of four dentures, and started to tell her about the ordinary vulcanite one, with just plain ordinary teeth. All the while I was talking to her, she kept looking at the beautiful condensite one that was lying coily in its little velvet nest in the sample case.

I saw what she was doing, but kept on telling her about the ordinary denture, which I had by now placed in her hand.

She made no effort to examine the plate in her hand, she did not even close her hand tightly on it; her eyes were glued on that gleaming pink plate in the box. Almost impatiently she said, "Let's see that pretty one. How much is it?"

I replied, as I handed her the condensite job, "O, that's a high priced one. That costs a hundred dollars," and went right on as though her interest in the more expensive plate meant nothing.

"Gee, I'd like that one," she said. And she had lost all interest in the cheaper denture.

"You go ahead and do what you can today," she went on, "but don't start making that cheap plate until I talk to my husband."

Next day she called me up, and told me that her husband had told her to go ahead and have the better plate made.

I learned later that when she first wore her new denture home, fourteen neighbors came in to see it the first afternoon. In fact two of them had similar plates made, and I made 'em.

Now I consider that such procedure on the part of the dentist is strictly ethical. The patient knows nothing about the difference between one piece of work and another at least not until after it has been in the mouth a while, and all of us will admit that the plate that woman bought was a lot better for her than the cheaper one she might have worn home.

We cannot expect the patient to take our word for it that one is better than another unless we can show why and how it is better.

The same rule applies to practically every restoration that could go in a patient's mouth. There are grades and degrees of almost everything in this world, and when you and I are out to buy anything, don't we always compare one thing with another, before we spend our money?

Why not give the *patient* the same opportunity to compare values and make his or her own decision?

A Community

By Walter T. McFall, D. D. S., Director

SUGGESTIONS, plans, inspirations and hopes are myriad, as regards a community dental program, and while the smaller cities and towns say "We want it, we know we need it," they often feel it is possible only for the cities, the places with lots of money, and therefore the "it can't be done attitude" kills the idea before it has a chance to bloom, and consequently nothing is ever done about it.

I know it has been done; I believe it can be done in any community from the very smallest hamlet to the largest metropolis, and I am sure it will ever prove a blessing to all where the effort is really materialized and the right kind of program promoted. It is the effort of your essayist to give certain definite and essentially necessary pointers to those who really and truly are interested and desirous of helping a community and its constituents to be healthy, happy, and useful through obtaining and maintaining a healthy, useful oral cavity, a serviceable masticatory apparatus, and an appreciation of the correlation between good teeth and good health.

What is good for the individual is certainly good for the mass. We are not following

some transient dreamer's fond whims, but really going back to one of the important first things first in our quest for health.

Too often our communities have been content to do as "our forefathers did," to "let well enough alone," to hang on to the old until we are hopelessly lost in the muck and mire of oblivion, ruin, disgrace, and our people's health impaired and retarded for a generation or more.

Nothing remains constant and permanent but *Change*.

Let us be up and doing, availing ourselves of some of the good things of life which will cause our children to rise up and bless our names and memory. Not every community's problems, conditions or even objectives will be the same, many will be similar it is true, but, in all, there will assuredly be some good points we may all utilize in our programs; there will be an underlying basis or foundation, a meritorious or heroic beginning from which we may all derive some help, inspiration, and a workable idea to build the program we really want and should have in each of our communities.

Possibly the first question to be asked is: "Why have a community dental program?" Many of the more intelligent laity do not yet know of the ravages of

Public Dental Program

Director, Mouth Hygiene, Department of Health, Macon, Ga.



Diseased teeth or gums retard their mental and physical ability to learn, to be adept, to play, and enjoy life.

the most prevalent of all diseases, that of defective teeth and diseased gums. Many are really driven to an earnest and honest consideration of the importance of mouth health, for, daily, thousands are losing their teeth from the scourge of periodontoclasia. Diseased teeth and their allied sequelae are minimizing the efficiency of the

dental apparatus in children and adults, thereby shortening their lives. Many diseases in remote parts of the body, the laity are sadly and sorrowfully learning, and the result of diseased teeth and gums, yes—disordered intestinal tracts, and a primary focus is often found in the mouth and teeth which causes diseases of the heart, lungs, kid-

neys, and muscles, causes also extreme nervousness, showing as indigestion, inflammations of the nerve terminals and nerve trunks, inflammation of or an impairment to the special senses such as sight, smell and hearing. Many people are finding that the proper dental care and attention is an essentially necessary part of all health programs for the prevention or cure of disease.

Someone has said, "There are three kinds of liars, namely, liars, damn liars, and *statisticians*." Be that as it may, cold facts and figures have shown us the prevalence of defective and diseased teeth and gums in school children and we now know this condition interferes with a child's health at a time when he most needs his health. It retards his mental and physical ability to learn, to be adept, to play, and to enjoy life. The loss of time from school and studies due to the prevalence of defective and diseased teeth and gums together with their resultant sequelae not only handicaps a child, but presents a serious economic problem as well.

If a child misses from three to five weeks from school or is forced through sickness to attend irregularly, the possibilities are he will miss his grade that year. This entails a financial consideration, for this child has to be schooled again in the same grade. This is expense for the parents, the taxpayers, the state.

My friends—far worse than this: it materially helps psycho-

logically to impress the school child with the fact that he is a failure, a block-head, that he cannot learn and make his grade as the other children can, and my, the pathetic tragedies this causes in later life, all because of sickness and time lost from school in which dental ills play a paramount part.

Corporations, "big business," have found that it pays to keep employees healthy, useful, and on the job. Many firms require a dental correction of every employee before a position is tendered and the applicant accepted. A large number of school systems are making dental corrections compulsory along with smallpox vaccinations and other health measures for prevention of disease. May I repeat again, "Why have a community dental program?"

Ask the physician, ask the well-informed mother, ask the modern school superintendent, ask the big business man, ask the insurance companies, ask the trained nurses and hospital authorities, and, lastly, ask the fortunately instructed school children. From one and from all will come the answer: "It is a necessary and beneficial adjunct to being well, keeping healthy, free from pain and disease."

"Who should sponsor a community dental program?" Those who are desirous of seeing a community become healthy and useful should indorse, support, and promote this necessary program. In smaller towns, if a

health department is active, this department should support and maintain a dental program. It is the work and object of a health department to keep the public healthy, to guard against infectious and contagious diseases, to make, in reality, certain common diseases preventable, to protect all sources of life-giving elements such as foods, water, air, and to disseminate knowledge to the people who are daily dying for the lack of this information and advice.

If any community is ever to succeed, go forward, take its rightful place, it must have a healthy and happy people. America's proudest boast is OUR CHILDREN, and yet, yearly, our children are neglected—denied what is rightfully their heritage and rights. Many are forced to drop out. Others suffer premature deaths, because we do not help them to obtain and maintain good health with the same fervor that we insist they learn the three R's, and how not to make a *living* but a *dollar*.

Therefore it becomes the business of the school, the school whose officials and teachers have gone on record before the National Educational Association as agreeing that first and foremost of the school's prime objectives must be to teach and inculcate in children the desire to be healthy.

The school with all its multitude of responsibilities must assume for its children this dental program, its promotion and

teaching. The majority of teaching, rearing, training, and caring for children seems to be relegated to the schools, and may I say, the classroom teacher wields the greatest influence and inspiration in the average child's life of anyone save mother and dad.

Then come those agencies which support and indorse the work of the schools, which co-operate and aid the school program in every way—for well do we all realize that the destiny of our nation depends on our children, our children intelligently trained to understand right from wrong, to be useful, to serve and work, to love and appreciate one's fellow-man, to be healthy, self-respecting, morally and spiritually upright.

These agencies are the mothers' clubs and parent-teacher associations, service and civic clubs, community centers, health and social organizations, the church and hospitals—all these are obligated to help in every possible way to give to every child the right and privilege which is his; that of being healthy, useful, and happy.

Then lastly, "Who should sponsor a community dental program?" Certainly no one should be more interested than the medical and dental professions. These allied branches of the healing arts well realize the importance of and necessity for dental education, for necessary corrective and restorative dentistry as a basic requisite to

good health. No two professions are called upon to give more in sacrifice, in denial, for truly no other professions' responsibilities and obligations are nearly so tremendous or so noble.

It is our task to keep all people healthy, to combat ignorance, superstition, neglect and indifference, to save from premature graves those thousands dying from degenerative diseases, from preventable diseases, from infectious and contagious diseases.

Our duty must begin with prenatal care and instruction, with maternity and infancy work, and we have a sacred charge in those who so often find their way to our institutes of pity, such as the insane asylums, homes for the incurables, for the feeble-minded, homes for the blind, and then, too often it seems, our jails and penitentiaries have become rendezvous for diseased bodies and minds.

A question which always presents itself for an answer where two or three are gathered together to discuss the promotion of a new object or project is "How much will a community dental program cost?"

Many points enter into this answer. From a mere dollars and cents standard we must answer it, though we must remember we are dealing with life, with our most treasured desire—good health. It is always better to decide in the beginning, first, just the types of dental corrections you intend

having done, and second, just the class of patients you will expect to serve.

A full-time dentist devoted and consecrated to this work is of course ideal. Undoubtedly the right kind of dentist should be employed to direct this program. A dentist with worlds of patience — kind, sympathetic, and friendly. One who is capable and prepared by special training and experience to promote the kind of program which is best for your community. One who thinks more of the work he is doing, the children and parents he is helping and serving than he does of the money he is making.

Let us not confuse just what this full-time dentist's real work will be. He will not do so much cleaning, filling and extracting as he will *teaching*. This is exactly where so many dental programs fall short and eventually fail.

The dentist thinks that by filling, cleaning, and extracting a lot of rotten dirty teeth he has performed his duty as a doctor of dental surgery and is certainly a laborer worthy of his hire, and just here is where the most flagrant fault of the whole dental profession lies: we have failed to remember that we are something more than mere mechanics—we are also teachers with a message, and preachers with a gospel, and we have not done our part as professional men until we have taught the people the message of good teeth, good health, the

gospel of a useful, serviceable, masticatory apparatus.

I say too long we have merely filled and cleaned teeth and failed to teach and tell as we should. For the protection of the general profession and to all good purposes, this full-time dentist employed to direct the dental program should receive a straight salary and be required to give his full time to the promotion of this work. Desirable dentists who are trained and experienced in such a program may be obtained for from \$2,000 to \$3,600 per year. Added to this amount must be about \$800 for equipment (portable equipment is preferable so it can easily be moved from place to place) materials, literature, etc. Now you have a fairly reasonable answer to that never to be denied query, "What'll it cost?"

A dental hygienist is wonderfully well trained for this type of work, but unfortunately her professional field is limited because she cannot do or supervise certain essentially necessary dental operations as can a dentist. She is doing a splendid bit of work in this educational phase of our dental program and a well-trained dental hygienist may be employed for from \$1,800 to \$2,400 yearly. In very small towns a dental hygienist will prove that this work needs to be done and will often "sell" the program itself so that it can be financed and maintained for one year.

Often it is necessary to em-

ploy a part-time dentist or hygienist, in order to get the work started, but once the work is begun, the school teachers, parents, and children are really and truly "sold" on the proposition because they have been taught and can see the need, the results and all; then the ways and means will take care of themselves. Many service clubs sponsor the finances for this work; all town councils should appropriate money for this program, and no one is more interested in helping children than is the parent-teacher association.

Literally a deluge of really important questions present themselves. Some of them are: Who shall be eligible to receive this service? How many children and adults have we who are entitled to receive this service? Shall we stick entirely to an educational program and do no corrective work? Shall we work for just one grade or all the grades? Will all children receive this treatment or just the underprivileged child?

These and many others have to be answered, and for this reason it really pays a community to call into a consultation a person who has had experience and knows something of the real aims, purports and objectives of a community dental program.

It is not the effort of any dental or health program to pauperize anyone. Neither is it a desire on the part of those sponsoring the program to be imposed upon, but we must all

realize that if the working efficiency, comfort and health of a person is to be maintained then dental education and attention is paramount. Dental attention and correction is absolutely beyond the financial control of many, and every so often it is this person who needs to be helped and given a chance to be healthy and useful in order to help himself and not later become a charge on society.

We will never have a healthy people until public health becomes more of a reality than the laity have been aroused to attain to at present. If some corrective work is to be attempted concentrate on one group, say the first grade children in one school. Watch these same children year after year and compare results. Give relief to the suffering, but do not attempt complete corrections for all. Concentrate on building a dental immunity and teaching a lesson to these whom you do work for. *It is the lesson taught and learned that counts*, not the mere filling and cleaning of teeth. Encourage all who are able to go to their family dentists, "sell" mouth health as insurance, a protection against ill health, future aches and pains, against loss of time, sickness, large dental bills, loss of teeth and loss of much of the pleasure of living.

Finally, let us all remember that nothing worthwhile was ever accomplished in a day, and

with every movement that ever showed signs of growth, of help and benefit to those whom it claimed to serve, someone had to sacrifice, to deny himself, to be a pioneer, to do the thing without thought of gain to self.

Let us recall that we are building for our children, for those unborn children who will be healthy, strong, and useful just in proportion as the parents of the preceding generation have been impressed and made to see the light.

The only joy we ever keep or claim for our very own is the joy we give to someone else, it is not only our pleasure and privilege, but it is our duty to help our fellow-man to be healthy and to keep healthy. May we all work for the joy of the working. May we all prove our right to live by being useful, and, lastly, "No one is useless in this world who lightens the burdens of it for another." A community dental program builds health, it saves lives, it inculcates other health habits and practices, it gives to boys and girls the rights which are theirs of being healthy, happy, and useful.

If this world is ever to be saved, it will be saved from sin and from the curse of disease through little children for surely He knew when He said, "A little child shall lead them." May we not help that child to lead?

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"DEAR ORAL HYGIENE:"



Readers of the
magazine take
their pens in
hand

"Hutchinson's Teeth"

Several months ago, when I received the November issue of ORAL HYGIENE, in which my address entitled "The Endocrine Factor in Diseases of the Teeth and Gums" was published, I had it in mind to write to you, thanking you for giving this address publication and also commenting upon your comment on page 2155.

One cannot but agree with you that the designation "Hutchinson's teeth" is an improper one. It is for that reason that I employed the very convenient quotation marks, and I am glad that you agree with the opinion which I expressed in my paper, namely, that "Hutchinson's teeth" are not a sign of hereditary lues.

Unfortunately, an eponym of that sort is more easily introduced than it is *extroduced*, to coin an analogous word. I am afraid that we shall continue talking about "Hutchinson's teeth" for a good long time.—H. J. ACHARD, *Glendale, California.*

Sedative Cement

I wish to add to the correction on

*This term used by Dr. Hogeboom in previous letter.

page 664-N, April 1928 issue of ORAL HYGIENE.

First, in my experience the sedative cement recommended by Dr. Smedley is not a cement but a paste. I don't believe it has any of the properties of cement. It simply dries out in enough time.

And as for the elusive formula, it is or was in my case a means to obtain inquiry when the secret of the formula is buy a box of Smedley sedative cement.

I will say that the only way that or other cements of a like nature can be used successfully will be to place a small portion on an exposed or nearly exposed nerve and cover it with a mix of some real cement.

This technic is difficult in some cavities and it would be a grand and glorious feeling to find some real cement that could be placed in contact with an exposed nerve where it would set and become rigid enough to bear the pressure of an amalgam filling or in fact any kind of a filling.—C. C. PLETCHER, D.D.S., *Oakland, Calif.*

The March of Dentistry

Noticing that you cast the same reply to my letter, concerning the

Advancement of Dentistry, as you used in connection with F.F.K. in the December issue, 1927, am writing another to see if we can get you out into the open, and enlighten us as to what kind of advancement you refer. You state that "patented materials do not count"; I believe that the majority of the subjects that I mentioned were not patented materials.

Does your profession, way out there in the great West, know that at a prominent research clinic in this country the human span of life has been lengthened seven and one-half years through a physical, dental, and radiodontic examination given once a year? Does the profession know that more than 21 per cent of denture trouble and inflamed mucoperiosteum was due to residual areas, granulomas, retaining fractured roots, cysts and their like? Also that many cases of iritis, paralytic, neuralgia and other infections have been completely cured and overcome simply by the removal of one small abscess that is often retained intact after the "pulling" of a tooth. I admit, there are dentists today, who "pull" teeth, collect "one dollar," and bid adieu to that patient without even the slightest knowledge that an abscess might remain dormant for years at the apices of that socket—what good have they done by that extraction?

Is the alveolectomy considered an advance in dentistry? Has the proper diagnosis of radiodontia advanced dentistry above what it was twenty-five years ago? Schools teach that now, did they then? Could not the course and science of pedodontia and preventive measures to be taken as a precaution against dental disturbances be considered an advancement in dentistry?

The above and many others would require too much space to mention here—but, did dental universities stress the teaching and the treatment of such cases? Did they even know the results of such? Has dentistry made any advancement

along this branch of our wonderful profession? Would *you* continue in the negative?

Referring to your term "know all about"* I hardly deem that correct. No man on earth knows "all about" anything, no one is one hundred per cent perfect, and would suggest that you substitute "know more about."

—GEORGE SHELDEN HOGEBOM, *Topeka, Kansas.*

"Drawing Teeth 25c"

I have copied the enclosed from an old Rochester Directory for the year 1855. I give it to you as it appears, using the letters as I find them. It may be of interest to your readers.—JAMES H. BEEBEE, D.D.S., *Rochester, N. Y.*

DR. D. J. PEER, SURGEON DENTIST has reduced his prices in dentistry nearly one half, so that all can have teeth and save one half their money. All operations performed in the most durable and artistic manner.

LIST PRICES

An entire set of teeth on gold plate	\$55.00
Half set of teeth on gold plate	27.50
Entire set of teeth on silver plate	25.00
Half set of teeth on silver plate	12.50
Parts of sets per tooth on gold plate	2.50
Parts of sets per tooth on silver plate	1.25
Filling teeth with gold	50c to 75c
Filling teeth with tin	25c
Filling teeth with pure silver	25c
Extracting	25c
Cleaning and polishing	25c, 50c 75c
Inserting pivot teeth	75c
Re-inserting	25c

A superior tooth powder constantly on hand, prepared by no other dentist in the United States. Everyone should use this powder if they wish to preserve their teeth. Office 71 Main St., Walmsleys New Marble Block, 2nd floor, Rochester, N. Y.

"The Index" for 1921-23

I am sending, under another cover by insured mail, a review copy of the 1921-23 *Index* and would appreciate your making some reference to this new volume in the forthcoming issue of your journal.

The *Index* is so well known to

you that any suggestions for the review notice from me would be superfluous. However, I wish to call your attention to the fact that because of the vast amount of material appearing in the current periodical literature, we have found it necessary to cut the term of this volume from five years, 1921-25, to three years, 1921-23 inclusive.

The size of the volume as regards the number of pages is very slightly smaller; otherwise, it is uniform with the previous volumes.

The next volume covering 1924-26 is two-thirds or more in type at the present time and with favorable rates from our former subscribers to the book now being issued, we should be able to finance and publish the next volume in the course of a very few months.

The price of the *Index* remains the same as heretofore, \$6.00, except in foreign countries, where it is \$6.50, and if it is in accord with your policy, we would appreciate your stressing the point that remittances should accompany the order to insure prompt shipment. Much annoyance, extra work and expense fall to the lot of the Bureau in all cases where orders are sent in not accompanied by the price. In the future, all such orders will be filled upon a C.O.D. basis and in rotation as long as the edition, which is limited, lasts.—A. HOFFMAN, D.D.S., *Secretary-Treasurer, Dental Index Bureau, 381 Linwood Ave., Buffalo, N. Y.*

Please Write Him

While reading the editorial section of ORAL HYGIENE (October edition, 1928, page 1920) I noticed that mention was made of the newly created National Dental Examining Board.

I did not know that such a board existed. I am very anxious to have any information concerning this

board which you can give me. Is this board similar to the National Board of Medical Examiners? In other words, if one is successful in passing an examination given by them, does this entitle one to practice where one pleases without further examination?

If such a board does exist and function under the National Board of Medical Examiners, it surely is the greatest single step the A.D.A. has made in the advancement of dentistry in a long time.

Any information you may give me concerning this board will surely be appreciated.—C. H. GIDDINGS, D.D.S., *Pueblo, Colo.*

[Will the National Board of Dental Examiners kindly communicate with Dr. Giddings?—*Editor ORAL HYGIENE.*]

Another Free Denture Clinic

In the article entitled "Newark's New Dental Clinic" appearing in last month's issue* of ORAL HYGIENE the statement is made that this is the only clinic in the East where the adult poor can obtain artificial teeth at cost or in urgent cases, free.

I wish to state that this is not so. The Henry Sabin Chase Memorial Dispensary, the out-patient department of the Waterbury Hospital, has been carrying on this work for the past six or seven years and such has been the aim of this dispensary.

This dispensary also maintains a "rounds" service for bedridden hospital patients whose condition has been traced to infections about the teeth and oral cavity as well as an x-ray department and a clinic for the care of school children's teeth.

Should you desire any further information, I shall be glad to furnish you with same.—P. H. DENICOLA, D.D.S., *Waterbury, Conn.*

*ORAL HYGIENE, Nov. 1928, p. 2120.



Dr. Herbert W. Kuhm is an artist as well as a dentist. His hobby is painting Indians. He is also a collector of Indian relics and his private collection is of unusual interest. He is shown holding a string of prehistoric Indian razor blades. The marks that look like loops for his belt are the razor blades.

THE intricacies of tubuli are familiar to every dentist but of tumuli he knows as much as of the chemical formula of vodka or the value of lake front lots on the Island of Langerhans.

Tumuli are mounds of earth built up by the ancestors of the American Indian for burial and ceremonial purposes, and several Milwaukee dentists, although deriving their livelihood

[Editor's Note—Dr. Kuhm is author of the book "Wisconsin Indian Fishing—Primitive and Modern," published recently by the State of Wisconsin.]

Archeology is Se

From Tubuli to Tumuli

*By Herbert W. Kuhm,
D. D. S., Milwaukee, Wis.*

from excavating tubuli, spend much of their spare and vacation time in delving into tumuli with less lucrative but far more interesting results.

Arrow heads and spear-points of flint, stone hatchets, bone harpoons and fish hooks of native copper are the dento-archeologists' most usual find.

Several hours of laborious digging into a pre-historic mound may bring up just so many tons of terra firma and a gold-digger's appetite.

Then again, if Dame Fortune has deserted the dog races and is with you, you might uncover the skeleton of some early Apache flagpole sitter or primitive Mohican marathon dancer, together with their utensils of recreation such as their copper scalping knives that were playfully used on the losers of the inter-tribal archery contests or the stone war clubs used in "block" anesthesia by our earliest of American surgeons.

Sufficient pressure applied with such an instrument in the region of the peduncles generally produced a superbly profound state of anesthesia.

Relics of the cultural period that preceded the present hip-

is Seven Dentists' Hobby



Dr. Kuhm's two little daughters holding one of his Indian paintings. We asked Dr. Kuhm whether or not he had any of the prehistoric Indian dental instruments and he replied that the supply was exhausted before he began collecting.

flask era are frequently brought to light. Only the other day I broke a pickaxe on the cranium of a petrified Iroquois barten-der. Antique steins and fossilized Chippewa pretzels are getting to be a common find.

My finest specimen, more rare than any ancient Phoenician or Sumerian coin, is a piece of zinc bearing a hieroglyphic inscription which learned anthropologists have interpreted to say: "Good for Vun Dringk at Heinie Weinsauffer's Platz." A rare piece of early Americana; very rare.

The Milwaukee dentists whose hobby is the study of

American antiquities as revealed in their native state are Drs. E. J. W. Notz, Hubert L. Tilsner, W. H. Brown, Charles Thubauville and writer, all of whom are active in the Wisconsin Archeological Society.

Anton Sohrweide, Jr., a dental embryo attending the local dental incubator, knew tumuli for years before learning about tubuli.

Another local dentist, Dr. George C. Adami, is at present associated with the writer in making a study of the teeth and jaws of ancient Wisconsin man for the Milwaukee Public Museum.

The Ballad of Dentistry

By Edgar A. Guest

WHENEVER I sit in my dentist's chair—
And that is a regular task with me—
Before I open to let him stare

I know right well what he's going to see;
I know the phrase he will spring on me
When he's probed and pried and peered
about,

This he will utter most gleefully:

"There is a tooth that is coming out!"

Others with courage may venture there,

Others from pain are forever free;

Men and children and women fair

Come and go without surgery,

But ever a victim I must be

Of his forceps strong and his muscle stout;

This is the burden of his decree:

"There is a tooth that is coming out!"

I have his lecture by heart, I swear,

I can recite it from A to Z:

"Pyorrhea will gray your hair,

Fill your body with misery;

Rheumatism will swell your knee,

Grave neuritis will follow gout—

Gas or local, which one?" says he,



*This is Eddie Guest
whose verse is read
daily by millions.
He will contribute
to ORAL HYGIENE
every other month
this year. In alter-
nate issues Walt
Mason's rhymed
comment on dentist-
ry will be published.*

"There is a tooth that is coming out!"

L'envoi.

Prince, I willingly pay his fee,
Never his judgment wise I doubt,
But few times more may he say to me:
"There is a tooth that is coming out!"

(Copyright, Edgar A. Guest—reproduction forbidden.)

Samuel Pepys, Jr., D. D. S. Attends THE DINNER TO DR. KIRK

ONE day I spent a week in Philadelphia—is the usual wise crack when reference is made to this city, and the native reply is that “it must have been Sunday.”

The city of Philadelphia is so close to New York that when one goes there from New York, Philadelphia naturally suffers by comparison—but it must be said that it's a real city to live in.

Chicago has always been conceited—a city to give recognition to its outstanding men and Chicagoans are always ready to take off their hats to the chap who has done a piece of real constructive work. New York runs a close second, and other points, as the occasions arise, recognize their leaders by giving testimonial dinners in their honor.

The writer, when attending the dinner given in honor of Dr. Edward Cameron Kirk, mentally reviewed the various dinners given to prominent men over the country and concluded that there is a distinct spirit of good fellowship about all of them. Then also, those in attendance usually feel that they are enjoying a rare privilege.

Now Ed Kirk has been known to those of us who did not graduate from Pennsylvania—ever since we were kids attending various dental colleges—through his early work, “Kirk's Operative Dentistry,”

a splendid work which covered the entire field of operative dentistry as compared with present-day text-books which are, as a rule, highly specialized works each devoted to a single phase of operative dentistry.

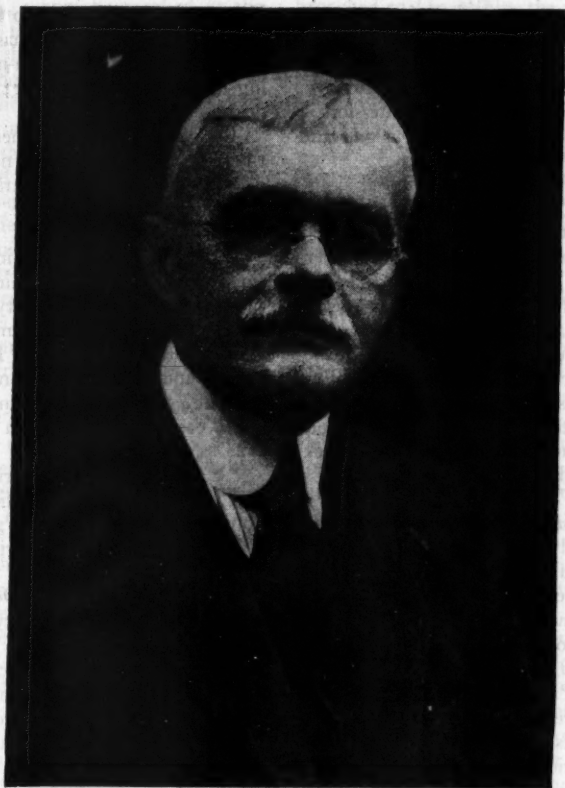
Ed Kirk was for many years the Dean of the Dental Department of the University of Pennsylvania and proved to be a splendid organizer for he put together an all-star faculty, which was a credit to him and to the institution and which attracted men from all over the country.

Dental centers change with the times. In the days when Kirk held forth, Philadelphia was the center of the dental world. The center later drifted to Chicago, then to Minneapolis and at the present time I can't say just where it is. But there is a city in the center of this country which you will have to watch for a lot of new developments.

Well, the Committee in charge of the Kirk dinner certainly handled the affair in a manner that reminded one of similar gatherings in Paris or London—minus the Volstead stuff.

The Honorary Committee was selected from all over America and abroad.

I am writing this in the Bellevue-Stratford. When we attended the International Con-



Edward C. Kirk.

gress here two years ago, this hotel was filled with dentists from everywhere.

But today one could select his room—which was a comfort—although we certainly missed the many “clinics” held in various rooms while the Congress was in session.

One can't think of Ed Kirk without thinking of *The Dental Cosmos*. Under his editorship, *Cosmos* became an outstanding journal.

He still has his hand on the pulse of *The Cosmos*, leaving the bulk of the work, however, to Pierce Anthony who fills the

bill in a style of his own. Anthony is deserving of more credit than is accorded him, I believe. His dental dictionary, presented to the profession a few years ago, filled a gap and is a credit to dentistry.

Talking about dental journals: every year at the A.D.A. meeting some alarmist starts propaganda against "commercial" journals, forgetting that in the early days of our profession, the only outlet for our literature was through these so-called "commercial" publications which made it possible for us to record the work of our pioneers, which must be reckoned with.

The Journal of the American Medical Association does not hold the field to itself nor should the *A.D.A. Journal*. A little competition is a good stimulant so long as the publication is kept as clean as *The Dental Cosmos*.

Preceding the dinner there were assembled, in three large halls, men representing various sections of the country and Europe. This was one of the features of the affair.

When one attends a dinner of this character, the mental level is usually low—a chap feels sure that he must submit to a lot of speeches which are at best deadly dull. But not so in this case. The local committee knew its stuff and the men knew their crowd psychology and they made their talks brief, to the point and worthwhile.

The toastmaster was Dr.

Harvey J. Burkhart, who handled his assignment in a masterly way and left the speech-making to those selected for that purpose.

The toastmaster informed us that the tribute to this noted dentist marked fifty years of professional work on the part of our honor guest.

Dr. Burkhart then introduced Dr. Josiah H. Penniman, provost of the University of Pennsylvania. Dr. Penniman's assigned topic was "The Educator," and he certainly handled the subject in a style fitting to the occasion. His speech in part was as follows:

"I am proud to pay tribute to Dr. Kirk for his scientific accomplishments and for his great spirit of research and curiosity after scientific knowledge with which he has imbued the Dental School of the University of Pennsylvania. During the fifty years of his active service in dentistry he has been instrumental in developing it from a handicraft to a profession requiring the highest and best scientific minds. As teacher he was a leader and organizer. He is a man of imagination, a man who thinks straight and a man of sincerity and of character."

The toastmaster then introduced that charming individual, who has done so much for dentistry, Dr. Edwin T. Darby, whose subject was "The Friend." Dr. Darby informed us that he had been one of Ed Kirk's teachers and that two students known as good chemical stu-

dents, whom he marked at the time to possess unusual ability, have lived up to his early prediction.

They were none other than Kirk and Miller, the latter being the first to prove to the world that we are more than mechanical technicians and that the field of dentistry offers an unlimited opportunity for research—work of the sort which has been carried on by Kirk and others, whose contributions have done much to place dentistry in the front rank of the healing arts.

Dr. Darby referred to the guest of honor as being a capable microscopist, bacteriologist, biologist, educator—and breeder of fine dogs.

Dr. Frederick B. Moorehead was the next speaker slated but it was announced that owing to illness in his family he had been unable to attend.

Dr. R. Ottolengui then responded to the toast "The Editor." I have known Rud for many years and I have never seen him do his stuff as he did it on this occasion.

It seemed that the atmosphere of the affair may have been a stimulant or maybe the assigned toast was easy for him.

He described the first article he ever wrote for publication, on "Amalgam." He submitted this to Dr. White who at that time was editor of *Cosmos* and was told by Dr. White, for one thing, that amalgam was spelt with an "a" and not with a "u".

Rud also related how he

broached to Dr. White the idea of publishing a book on operative dentistry and White asked him if another book were necessary. The dental profession had a book!

We lacked adequate literature in those days just as we do today, for even today our textbooks do not change so rapidly as dentistry itself.

Ottolengui explained to White that when attending school, while waiting for the demonstrator to show him how to prepare a cavity, he had to stand around and wait until the demonstrator arrived. He felt that if he had a book which illustrated each step of the operation he could have gone ahead in such cases without the aid of the demonstrator. Anyway, White published this work which no doubt was an innovation in that day.

In connection with our textbooks today, the author of modern works gives quite a bit of attention to the illustrations. We don't see so many old wood cuts as we did formerly. But at that I hope that some of them will discard the obsolete pictures.

When Kirk was made editor of *Cosmos*, Ottolengui kept up his contact and in his toast related the method he had used of indexing Kirk's editorials. How the editor has to edit most copy he receives was also discussed. This is the grief of all editors. I know the chap who must edit my stuff thinks I should be slated for a ride.

Next in order was a response from the President of the American Dental Association, Percy Howe of Boston.

The toastmaster then introduced the Dean of the University of Pennsylvania, Charles R. Turner, who read the many cables and letters from all over the world—notable among them were those from Gottlieb of Vienna, C. N. Johnson, Milberry and Logan.

Among the greetings from foreign countries was a cablegram from the Spanish Dental Society in Madrid announcing that Dr. Kirk had been made an honorary member of that body.

Greetings were received from the teachers of dentistry in the University of Berlin, from the Japanese Alumni Society of the Dental School of the University of Pennsylvania, from the Dental Society of Italy, and of Holland.

A beautiful Delft plate was presented to Dr. Kirk as a gift from Dr. C. F. L. Nord and Dr. A. L. G. C. Van Tassel, of The Hague, Holland. From Dr. William Dieck of Berlin came a handsomely carved ivory napkin ring in which Dr. Kirk's initials were inlaid in gold. Dr. Dieck did the carving himself.

The dinner closed with a response from Dr. Kirk whom the toastmaster accused of going through a Saint Vitus dance all evening.

The honor guest gave a resumé of his half-century of work in connection with dental

educational problems, philosophizing on the future, and expressed himself as grateful for having been permitted to live to see the day that his profession has been transformed from a handicraft to one of the leading specialties of medicine.

Summarizing the affair—it was well handled, the speakers were well selected, and the whole thing was a stimulant to others who, through their untiring efforts, try to do something for the uplifting of the dental profession.

Ed Kirk's biography speaks for itself, I intend to append it to my own remarks—but what I can't fathom is why he does not have an F.A.C.D. degree. I don't quite understand this. Will someone kindly speak up or is it just another State of Pennsylvania condition?

Now that the above is out of my system, let us look at the serious side of the man and his accomplishments:

Edward Cameron Kirk was born in Sterling, Illinois, on December 9, 1856. He is the son of Brigadier-General Edward N. Kirk. At the close of the Civil War, his father having been killed in the conflict, he was brought by his mother to Philadelphia, where he received a thorough preliminary education. When only eighteen years of age he was a teacher, 1874, filling the office of assistant, first to Professor Persifor Frazer and then to Professor S. P. Sadtler, both of the Chemical Department of the Towne

Scientific School of the University of Pennsylvania.

In 1876 his education in dentistry was begun in the Medical Department of the University of Pennsylvania, in order that he might more broadly lay the foundations for his special dental educational training. The following year he matriculated in the Pennsylvania College of Dental Surgery, from which institution he was graduated with the degree of D.D.S. in 1878. From that year also dates his connection with the dental department of the University, of which he was the executive officer from 1896 to 1917. He was the first to sign the matriculation register in the then newly created dental school of the University and was appointed Demonstrator of Prosthetic Dentistry during the first session of the school.

Shortly after the reorganization of the school, in 1882, Dr. Kirk was appointed to the lectureship in Operative Dentistry and later to the instructorship in Clinical Dentistry.

His ability as a writer is fully evidenced in the large number of his contributions on practically every subject within the range of dentistry. In 1891 he succeeded Dr. James W. White as editor of *The Dental Cosmos*, which publication has been advanced to a much higher plane of usefulness since. Besides contributing the chapters on "Metallurgy" and on "Hygienic Relations of Artificial Dentures" in the "American

System of Dentistry," and the article on "Dentistry" in the *Encyclopedia Britannica*, and in the *Encyclopedia Americana*, he has edited the "American Text-Book of Operative Dentistry" to which he contributed several articles.

Dr. Kirk has been a prominent factor in dental societies from the beginning of his professional career. Due to his untiring efforts, he succeeded in getting the Dental Act of Pennsylvania passed in 1897. This statute at once placed dentistry in Pennsylvania upon a higher plane, enabling it to achieve that prestige which it now holds. The services which he has rendered to dentistry are manifold. He has liberally enriched its literature, and this, as well as his professional altruism, has been publicly and officially recognized upon several different occasions. In 1903 the Northwestern University conferred upon him the honorary degree of Doctor of Science, and the Societe d'Odontologie of Paris awarded him its yearly gold medal as a testimonial of high esteem and thorough appreciation of his interesting and instructive scientific investigations.

In recognition of his services in the cause of education the French government conferred upon him the decoration of Officier d'Academie.

In 1915 the University of Pennsylvania conferred upon him the honorary degree of Doctor of Laws in recognition

of his services to dental education.

When the United States entered the World War as a belligerent in 1917, Dr. Kirk was appointed by Secretary of War Baker, to "Mobilize the resources of dentistry for the services of the United States Army" with the result that the organization of the dental service both as to personnel and equipment of the Army, both the A.E.F. and at home, was the most complete and adequate of that of any of the contending forces.

Dr. Kirk was largely instrumental in organizing the plan by which the educational interests of the Dental School of the University of Pennsylvania and those of the Thomas W. Evans Museum and Institute Society were co-ordinated and embodied in an agreement of affiliation the material result of which was that the Thomas W. Evans Dental Institute, the monumental structure at 40th and Spruce Streets, was created and finally dedicated to the ends of dental education on February 22, 1915.

In July 1917 he resigned from active teaching force of the University of Pennsylvania to enter commercial life in the service of The S. S. White Dental Manufacturing Company of which corporation he is now the senior Vice-President. Co-incident with his resignation from the University faculty he was elected Professor Emeritus of Dental Pathology and Therapeutics and also a trustee of the

Thomas W. Evans Museum and Institute Society School of Dentistry of the University of Pennsylvania.

Dr. Kirk has been President of the Pennsylvania State Dental Society, President of the Academy of Stomatology, and is a member of the American Dental Association, American Academy of Dental Science, and an honorary member of many other prominent dental societies, American and foreign.

His appointments and affiliations are in part as follows: Emeritus Professor of Dental Pathology and Therapeutics in the University of Pennsylvania; Trustee of the Evans Dental Institute of the University of Pennsylvania; Editor of *The Dental Cosmos*; D.D.S., Pennsylvania College of Dental Surgery, 1878; Sc.D., Northwestern University, 1903. Member of: Pennsylvania State Dental Association; Pennsylvania Association of Dental Surgeons; Academy of Stomatology of Philadelphia; Odontographic Society of West Philadelphia; Dental Alumni Society of the University of Pennsylvania; Philadelphia Dental Club; Delta Sigma Delta Fraternity. Honorary member of the Ohio County Medical Society of West Virginia, and the First District Dental Society of the State of New York. Associate member of the American Academy of Dental Science of Boston. Honorary member of American Academy of Dental

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Surgery; du Groupement Professionnel de l'Ecole Dentaire de Paris et de l'Association Generale des Dentistes de France; Societe D'Odontologie de Paris; Central Verein Deutscher Zahnärzte; Scenaka Tandlakare-Sallekapet; British Dental Association; Sociedad Odontologica de Chile; Sociedad Medico-Dental De Barraquilla. Columbia. S.A. Corresponding member of the Vereines Österreichischer Zahnärzte; Member of the Royal Society of Medicine of Great Britain. Member

of the Federation Dentaire Internationale. Member of the First Class by inheritance of the Loyal Legion of the United States of America (Pennsylvania Commandery). Member of the Society of the Sigma XI. Member of the American Association for the Advancement of Science, Academy of Natural Sciences, Philadelphia; member of the University Club of Philadelphia; Lenape Club of Philadelphia; Authors' Club of London; Argunot Club of University of Pennsylvania.

The 1928 Index

Readers may secure free copies of the 1928 Annual Index to ORAL HYGIENE by writing the publication office at 1117 Wolfendale Street, Pittsburgh, Pa.

Dr. Philip R. Thomas Passes

Dr. Philip R. Thomas, of Minneapolis, well-known authority on dentistry for children, passed away in Oklahoma City on November 15th, following an attack of pneumonia.

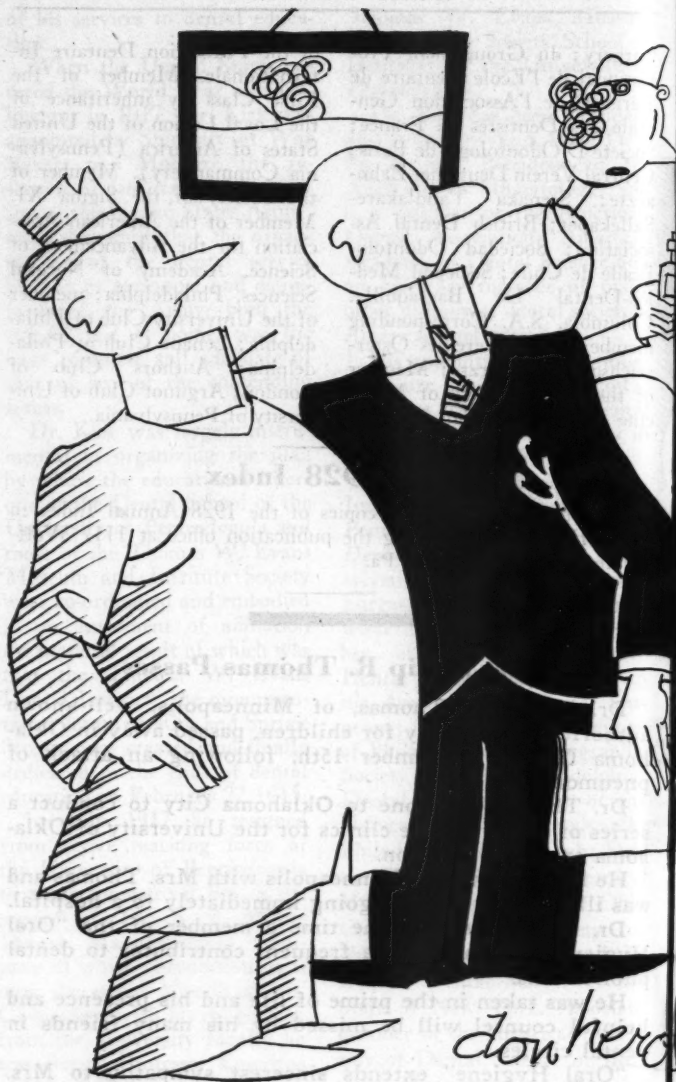
Dr. Thomas had gone to Oklahoma City to conduct a series of post-graduate clinics for the University of Oklahoma extension division.

He had driven from Minneapolis with Mrs. Thomas and was ill when he arrived, going immediately to a hospital.

Dr. Thomas was at one time a member of the "Oral Hygiene" staff and was a frequent contributor to dental publications.

He was taken in the prime of life and his presence and helpful counsel will be missed by his many friends in dental circles.

"Oral Hygiene" extends sincerest sympathy to Mrs. Thomas.



Drawn for ORAL HYGIENE by Don Herold.



Newly arrived patient in dentist's waiting room: "What caused her to faint—idea of having her teeth worked on?"

Second patient: "No, the shock of finding this year's magazines on the waiting room table."

KOHINOORS

*By John Philip Erwin, D. D. S.,
Perkasie, Penna.*

The chaps who say, "Old '28, you treated me real fine," are pretty sure to bid a like farewell to '29.

Rich, vibrant blood, a mind astute; a smile, a will to cheer; with hope and faith, with luck and—love will bless your coming year.

You cannot get a bushel of energy out of a peck of health.

Rich, vibrant blood is to the dentist's life what No-Nox is to the auto-motor—speed, power, smoothness.

Go to bed one-half hour ahead of the other fellow and you have something on him the next day.

A one-mile brisk walk every morning will drive the camels, cobwebs, and complaints out of your system and refill it with calories, calmness, and contentment.

Get out and get under the Sun. "Moonshine" unsteadies and shatters the nerves.

For an inspiring guide to health, study a playing school-boy at recess.

Where ignorance is bliss 'tis folly to be a dentist.

Mental sufficiency? denotes dental deficiency.

The most fortunate of fate's favorites never rise above their Stetsons.

Knowledge, like mumps and measles, just comes. Wisdom, like precious gems must be diligently sought.

Show me your intimates and I will measure your culture.

Polished dentistry reflects credit upon dentistry.

The Opportunity for the Dental Assistant

She Gets Most by Giving Most

By Mary Connolly, Cincinnati, Ohio

TODAY we are living in an age of progress in every field of endeavor, and to be a "top-notch" means "on your toes" at all times. So it is with the dental assistant of today—she must be that alert, wide awake young woman who is keeping right up to the minute.

IN THE OLD DAYS

In the past the training of the young woman as a dental assistant was a haphazard sort of thing; her education and knowledge were only such as the dentist who employed her was able to teach, and if he was a busy man, time for teaching an assistant was limited. Many times it was much easier and quicker to do the task himself than to take the time to show the assistant how to do it. Naturally if she were of average intelligence, with initiative, ability, and interested in her work, she would catch on quickly and in time become an efficient assistant, and an asset to the doctor.

Things have changed in the past few years. The dental assistant of today has made a place for herself as a valued addition to the dental office, and availing herself of the study classes, clinics, lectures and or-

ganized association, can fit herself to render a humane, understanding service to the doctor and the people he serves.

The possibilities of professional service through co-operation between the dentist and his assistant are limitless, giving the conscientious, efficient assistant a real place in the profession. The dental assistant has a big job and the better equipped she is to fill it, the better will be her position, and the more she individually will add to the profession, for each adds her part to its advancement. The assistant should become a vital part of the office, learning what to do at the right time, and to do it, attending to all minor details, acting as another pair of hands to the dentist, and a buffer, so to speak, between him and his patients.

KEEP UP-TO-DATE

To be a time user, a time creator, planning in advance, having a definite schedule to follow, putting your ideas into your work, co-operating with your doctor and your associates, by the exchange of ideas and suggestions, and grasping every opportunity afforded you, will keep you right up to the minute.

Properly prepared, the dental assistant can direct her activities along proper channels, and be able to assist the dentist in rendering the highest service possible to humanity, and it is through the clinics and study clubs that the dental assistant receives these advantages. Knowledge gained as a dental assistant would be a distinct asset in any walk of life.

NO HELPFUL TASK DEGRADING

To render a competent service the assistant must know something of the dentist's aims and ideals, and feel that no task is degrading when done in the spirit of helpfulness, and that the small things are just as necessary as the great ones. Realizing that patients are human, and striving to understand them, creating an atmosphere of harmony, happiness and good-will, together with that most needed virtue of cheerfulness, the assistant adds not only to their well-being, but is a vital factor in advancing the interests of the dentist and the assistant as well.

All things of real value are bought with self-sacrifice, and cheerfulness is a matter of habit which grows through constant cultivation and use. The pessimist and self-centered individual has no place in our ranks, nor has the one who measures her service only by the hands of the clock. The only person who really succeeds by watching the clock is the jeweler.

Another factor most essential to the dental assistant is the

quality of loyalty—to the doctor, to the profession, to our organization. No assistant can become successful by running from pillar to post. She must work with the doctor, as well as for him, make of her service to him and the public a spiritual thing, which after all is the real foundation, the cornerstones on which we build: education, efficiency, loyalty and service.

One's occupation holds the charm of seeing plans work out, grow, expand and yield splendid returns. It gives one the creative spirit of a doer, not merely a cog in the wheel, an incentive to "keep in step," or better yet, "a step ahead." Success in any occupation depends on one's self; it is a true saying, that "we get out of a thing, just what we put into it."

UNSELFISHNESS

Giving your best in an unselfish way improves you in service to the people. As our beloved President, Mrs. Juliette A. Southard, stated in one of her addresses: "Your calling offers the opportunity not only of bringing to you a wonderful knowledge of life in general, but it makes it possible for you to grow in character by developing those qualities that go to make you bigger, broader and better women. The biggest benefits always come to the individual who becomes a leader in her field. By *leader* I mean the individual who works with her mind as well as her hands,

ever seeking to profit by the experience of yesterday."

HOW READING HELPS

Another thought which presents itself here by way of keeping up to the minute, is availing one's self of dental literature, especially the dental magazines, which in every issue bring to our notice something new and interesting which will help not only the assistant, but the doctor also, if brought to his attention.

In climbing the ladder of success, let us remember always to avoid pettiness and personal

animosities, and profit by the merit we find in others. We are human bulbs attached to the great universal current of force and power, and the light which we give off depends on the candle power of our lamps.

Many people go through life with a little dim four-candle light, not because they lack power to generate a stronger light, but because they never learned how to express their power. So let us aim to radiate a brilliant light, throwing out a beacon in all directions by keeping right up to the minute.

Hungary Exposes Quackery

A crusade for the enlightenment of the rustic population of Hungary as a defense against the crude methods of native quacks has been undertaken in Budapest in connection with a technical exhibition of the congress of the National Medical Alliance, states the *Pittsburgh Post-Gazette*. The display is a meeting of the modern and the medieval as it survives among the Magyars. It is as though the left hind foot of a graveyard rabbit, potent against ill luck, and a buckeye, valuable against rheumatism, were contrasted by display with the instruments employed by the surgeons of an up-to-date hospital.

The object sought is the education of the people to the benefits of the modern technique at the expense of the ancient quackery. Amulets and talismans expected to ward off the evil eye and enchantment are shown with gold coins whose function is to keep jaundice and plague at a respectful distance. A coffin nail which makes the owner impervious to earache; a tape collar with buttons attached which brings quick cure for abscess; an ointment of horse hair and cream designed to heal sores on the leg only; a necklace of garlic to defend against witchcraft, and any number of other quaint and baleful objects are in the exhibition. The hope is that the people will leave the old superstitions and their practitioners when the benefits of the precision of medical science are appreciated.

ORAL HYGIENE'S Library Table—

**Books reviewed
for busy
readers**



Dental Medicine*

By F. W. BRODERICK,
St. Louis, Mo.

Reviewed by
H. F. Hawkins, D.D.S.,
Los Angeles, Calif.

The title of this book may be somewhat confusing. It deals with the etiology of caries and pyorrhea from their systemic background.

Dr. Broderick deserves considerable credit for the way in which he has handled his material, the scope of his reading, and the hopeful and inspiring note he has incorporated in its pages.

The chapters on Acidosis and Alkalosis, Endocrinology and Calcium Metabolism are exceptionally fine. The chapter on Saliva is somewhat disappointing due perhaps to the confusion in the research on this subject.

The chapters on Caries and

Pyorrhea are on the whole very good. The reviewer cannot agree with some of the statements on the liberal use of candy and pastry and the reaction found in active pyorrhea. However he wishes to commend the strong stand taken on the importance of the acid-alkaline balance in both caries and pyorrhea.

The chapters on the treatment of Caries and Pyorrhea are well handled from the standpoint of the research evidence presented.

The chapter on Civilization as a Factor in the problem are true but somewhat overdrawn.

The chapters on Dental Sepsis are exceptionally fine.

In concluding his final chapter I quote directly from its pages which will give the spirit of the book: "I would suggest that the science of dentistry is not a narrow science dealing with matters of the teeth and of these alone. That it will be necessary in the not distant future

*C. V. Mosby & Company, St. Louis, Mo.

to take into consideration all the great advances in physiology, in biochemistry, in psychology, and in pathology, and that it will be impossible for this profession to stand separate and distinct from that of medicine.

"This being so, it becomes obvious that dental questions are not going to be solved by the consideration of local conditions only, and that, there-

fore, there exists a science of dental medicine as distinct from dental surgery, and that as this advances more and more toward perfection, the necessity for the latter will more and more diminish!"

The reviewer wishes to commend this volume to all students and thoughtful inquirers into the etiology of dental pathology.

Detroit Dentistry Rates Highest, Australian Visitor Declares

Few cities in the world, in the matter of dentistry, stand as high as does Detroit, remarks Jackson D. Haag in a recent issue of a Detroit newspaper. Considering Ann Arbor within the Detroit area, in the practical and educational fields of dentistry no region in the country is comparable to this one, he avers. This is the opinion expressed by a dentist from Australia, Dr. L. Price, of Melbourne, who with his wife and two children had been stopping at the Hotel Statler.

"I came here to stay two days," said Dr. Price, "and I have been here for more than a fortnight. What was intended for a brief sight-seeing visit has turned into a regular educational session that has taken me to Ann Arbor several times, and brought me into close contact with many of the leading dentists, here and with those connected with the university.

"One thing that has struck me forcibly is the splendid spirit of professional co-operation manifested. Outstanding is the Dental Clinic which is virtually a clearing house for the best practices, where one hears the results of pioneering and sees the achievements of specialists in many important lines.

"While here I have devoted much time to the study of porcelain work, a branch that has taken a decided advance in comparatively recent years. Here I have found the technique, and the entire science for that matter, brought to an astonishing state of perfection.

"Our problems are no different from what they are here in America, and we have the same difficulties in making our patrons appreciate how important diet is in the preservation of teeth."



W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

The Tucson Meeting

[Drawings by the Editor]



UCSON—the desert—cactus—dry air — marvelous distances — wonderful sunrise — beautiful sunset — warm in winter — hot in summer — healthful all the year.

In Arizona and Western Texas and New Mexico the distances are so great that dental meetings are not so general as they are in most states. In this great arid area there are many dentists.

Some are in active practice, some are so fortunately situated that they can live where they choose and many are in the desert because tuberculosis can be conquered more frequently in the dry air country.

So far as water is concerned, Arizona is dry.

The Southwestern Dental Association met at Tucson, October 20th, 30th and 31st.

Technically the meeting was excellent and socially the meeting was better than that. From El Paso to Los Angeles and from Utah to Mexico dentists came. Five to seven hundred miles was ordinary distance for members to come. Some in automobiles, some on railways and several in airplanes made the trip to talk over dentistry. One of the big things the meeting accomplished was the re-establishment of the Arizona State Dental Association upon a working basis.

Editorial Comment

The day seems definitely past when an unorganized profession can get any state recognition. The dentists of Arizona have needed just such a body as was formed at Tucson.

In addition to the men in regular practice, Arizona has many splendid dentists who cannot practice on account of their health.

These men are enthusiastic workers for the new State Association. It gives them something to do for their beloved profession.

Around Tucson the giant cactus grows in ever changing shapes. There is the best preserved of all of the early missions; near Tucson.

Out on the desert away from the city with nothing to obstruct the view, this gem of architecture stands—actively in use today by five thousand communicants, mostly Mexicans and Indians.

The Mission is so striking that I made a sketch to show how black the shadows fall upon the white surface—under the Arizona sunshine. In the sunrise these walls take on a beautiful pink tint and at sunset they are varying tones of purple and red.

The incomplete tower was left just as it stands, in memory of the many Franciscans and Indians who



died in a small-pox epidemic two hundred years ago, when the building was being completed.

In the mountains nearby are Indian pictographs upon the rocks. How long ago the pictures were made by the savage artists no one knows.



The mountain goat is pretty good. The lizard isn't so bad. But the prophetic inspiration of the fellow with the burden of a railroad on his brain took some real imagination.

The Tucson dentists are a happy crowd. You are sure to find a welcome in that oasis if you cross the burning sands.

The Pioneer

IN eighteen hundred and sixty-seven; when Frank O. Hetrick was aged eleven, he went to a state as flat as a table and ever since he has been able, to fix up teeth and make 'em chew, as Nature intended teeth to do.

Out in Kansas where men are men and where desperadoes hang now and then, this little boy began his very first night with a regular champion knock-out fight. That fight must have been some battle, my dears, for the treaty of peace lasted sixty-two years.

When Frank was skinny and small and had hair,

the Sacs and the Foxes were the best Injuns there.

Out in the Indians' patch of wild plums, Lon Burch and Frank Hetrick, a pair of kid chums, on a flea-bitten nag that had seen its best day—stole the Indians' plums and made a quick getaway. They kept the plums but so 'tis said, the Indians chased them home to bed. Every now and then at night, the "nag-mare" comes to repeat that flight—followed by Injuns who wish to fight. Then out from his lungs comes a terrible roar, that, the Ottawa people think, is Frank's snore.

On the Board of Examiners for many years his, candidates have had very just fears that if unable to fill and crown, they had better leave their shingles down. In the Baptist Sunday School he's been, of those opposed to "original sin." He has taught the lessons and planted the leaven that may get those sinful birds to Heaven.

In the A.D.A. he has had his say for many long years and many a day.

Let us hope that the next sixty years or so will continue to see his influence grow and when it is time to ascend on high, may he step on the gas and "never say die."

A New Game In Old New York

NINETY-FIVE per cent of new business ventures fail, according to Forbes.

About thirty per cent of new dental practices fail. Consequently the dentist is about a sixty-five per cent better bet than the average so-called business man.

This old fable about the professional man being such a poor business man is mostly bunk.

In New York where the "sucker" crop is renewed as fast as the railroads, steamship lines, airplanes and automobiles can carry them in, there are always so-called financiers who would like to use the skill of

one man and the credulity of another to make a little easy money.

The latest stunt seems to be the benign and benevolent "Milmar Plan for Financing Dental Work."

Because this plan is now being imitated in nearly every large city, I shall discuss the statements in the standard circular issued by the "Milmar" Company.

The appeal to the public is headed "The High Cost of Dental Work and How to Lower It."

The idea is to convince prospective patients that they can get a partial-payment plan with a high rate of interest and a service charge (concealed of course) that will get first-class dental service at a cut rate.

In New York and in many other states cut-rate advertising offices are no longer legally owned by unlicensed men or by companies.

Some method of getting next to the public pocket-book through dentistry had to be thought out. This "Milmar" plan takes the place of the old advertiser.

The circular states:

There is much complaint among the people of New York about the high cost of dental work. Newspapers and magazines have contained many articles in recent months on the subject.

Strange as it may seem, there is also much dissatisfaction among dentists because of insufficient income. It is doubtful whether the majority secure a proper return for their skill, training and cost of operation.

Between the two complaints lies a story that is worth reading. Economists have put their minds to the problem of reconciling what appears on the surface to be a paradox.

But they have found out why the dentist is forced to charge what appear to be high prices. They have discovered that idle time, expense in collecting accounts and bad debts are responsible for a tremendous loss.

As a matter of fact there is much complaint about the high cost of everything.

The general public must pay for all of the joys

and sorrows of life except where they can get the dentist or the physician to trust them.

The high prices charged by the dentist are due to the cost of education, the expense of running an office and the high cost of everything else. Dentists certainly do not intend to be the only people in the world who do not charge adequate fees. The "Milmar" plan assumes that the dentist, in order to get their "Milmar" references, will operate for a reduced fee, allowing the company to charge a full fee and pocket the difference.

The idea is based upon well secured partial-payment. If this does not make the "Milmar" Company a partner in dental practice, I am very much mistaken:

We put the plan before a number of experienced dentists of high standing. They welcomed it because of its advantages to them. They told us that the savings they could effect for patients referred to them by us would be great enough to more than offset the carrying charge for financing the work. They saw in the Milmar Plan a solution to all these troubles.

This is the same old story that men of "high standing and experience" back the scheme.

There should be a national law requiring the names of the men who do the endorsing for advertising purposes.

Read this carefully, particularly the portion that I have emphasized by italicizing. Do you think these dentists could be ethical?

The plan has been tested with a number of our clients who have dealt with us in a similar way for several years on other types of purchases. The dentists we have selected have also had their opportunity to see the Plan in operation, and they have given it their full support. The patients referred to them have been unanimous in their favorable opinion of the way these dentists have treated them, for *we have selected only the most reputable men in their profession to work with us.*

Under the plan you have from five to six months to pay

us. You will pay less for your work than you would pay to a dentist not operating with us. Comparative estimates from other dentists will prove this, although it should be clear that a dentist cannot practice under existing conditions and compete with our selected men.

You have much to gain by consulting with us on your dental work. There is no need of deferring it until you have accumulated a large amount of cash. You can secure full particulars of the plan by calling at our office on any business day until 6 p. m. Courteous, confidential, helpful treatment is always yours . . .

This last quotation lets the cat out of the bag. The fact of the matter is that the "Milmar" idea is to "select" or employ a number of dentists who work for the company on a dividend basis. The public pays. Administration on this basis spreads the offices out instead of having a large number of operators in one commercial office. The New York State Board of Dental Examiners should inquire into this scheme very closely. If this is not "Corporation Dentistry" what would you call it?

Would You Be Enthusiastic?

WE have saved you," said General Lord, Director of the Budget, "one billion dollars a year since we first began liquidating our debts, *and you receive it with the same enthusiasm as you do an appointment with your dentist.*"

Why not give an appointment with the dentist a little enthusiasm? Some people do. Most people would if the dentist was a little further away or more difficult to find.

One of the big problems of enthusiasm for dentistry has been solved, anyway. There is great rejoicing when the appointment is over. If we can just manage a little more uniform enthusiasm at the beginning, the case will be one hundred per cent.

As a matter of fact, very few institutions have

rejoicing both at the beginning and the end. In some cases there may be either rejoicing or sorrow at the start and either joy or woe at the finish.

Take birth for instance. The appointment with the obstetrician is not always hailed with joy and when it comes to death, the appointment with the undertaker is not always so sorrowful.

So it is in life. Joy at one end, grief at the other or possibly the other way round. After all, dentistry has a good average. Some people don't hail the dentist happily, some do; but all of them are glad when good service is rendered.

So why worry, even if we *are* used for comparison.

Robin Adair

A NAME that sounds like romance and music and the love of beauty and health and children. It is all of that and because he is interested in child welfare Dr. Robin Adair has founded the Atlanta School of Oral Hygiene at Atlanta, Georgia. In this school the course covers one school year of nine months. Each girl student must be a high school graduate or present credits equivalent to such graduation.

The graduates are equipped to do school work and public health work as dental hygienists and they are also trained as assistants for dental offices. Dr. Adair's school is chartered as an independent institution.

The Doctor has long been known as an authority upon dental prophylaxis and as a public-spirited citizen. We wish him success.



2029

IN 1829 could anyone have predicted the position of dentistry in the world today? I think not. The dentistry of 1829 was only a suggestion. The sciences as we know them were hardly out of their swaddling clothes.

In 1929 we can look forward for one hundred years with some degree of assurance because our progress in the last century has been so definite and so successful that the trend of the future is indicated. Dentistry began as a free agent in the repair of the human body. The early dentistry was altogether destructive and reparative.

We have progressed toward prevention. In the days of our progress, the practice as well as the teaching has lost its freedom and has come to strict regulation through the laws of the various states and countries.

We have been recognized by the armies and navies of all civilized countries.

The socialistic trend of government is toward a more active paternalism. This is unfortunate for the educated professions. Whether or not it is a benefit for the so-called masses I do not know, neither does anyone else.

It is a fact, however, that the practice of dentistry is recognized as a public necessity.

Dental education must be carried on at the expense of the public as represented by endowments and taxation. This means that there will be an ever increasing number of laws to govern practice.

The meddlesome efforts to increase the length of the dental education period have been marvelously successful, so successful that no more time can be taken from active lives to accommodate those who "point with pride."

Dentistry has broadened into many avenues of science and into so many recognized specialties, that

the trend of these developments in the next hundred years is an inviting field for speculation.

To me it seems that in order to prevent disruption of dentistry into several professions more or less allied, a compromise will be made that will hold the profession together and at the same time grant the special education necessary for the specialties without greater lengthening of the college course.

First—the general practice of dentistry will always be to dentistry what the infantry is to the army: the *back-bone* of the service. This means that in the future as in the past the main business of dental colleges will be to educate dentists.

We now have with us certain specialties that in their higher development were never a part of the general practice of dentistry, yet they have been developed from dental office nuisances into important and dignified sciences.

I speak particularly of orthodontia, exodontia, oral surgery, prosthodontia, periodontia and children's dentistry. These newer sciences are already demanding a hearing from the faculties. In the next hundred years this hearing will be granted.

The question is how? Four contradictory statements present themselves.

1. The brevity of human life will hardly allow more years for dental education.

2. The present time requirement will not be shortened.

3. The wide knowledge necessary for the dental specialist requires at least two years, in addition to the regular course.

4. Much of the practical work of the dentist is never used by the specialist.

These and other considerations are leading to the belief that eventually a means may be found by which the student, at the end of the Sophomore year will be required to determine whether he desires to

graduate in the regular dental course or whether at the beginning of his Junior year, he will major in his specialty and be relieved of a corresponding amount of his applied dentistry for the last two years. This is particularly under consideration by the orthodontists.

The orthodontic clinics in the dental schools have been unsatisfactory; so little time is given to orthodontia that the students who desired to specialize have been unable to do their clinical work. The time allowed them is too short. It is believed by many orthodontists that if the last two college years could be given almost exclusively to the orthodontia student, he could be properly prepared to practice as a specialist from the period of his graduation.

To offset the fact that this new type of orthodontist is not qualified to practice any other part of dentistry, it is suggested that he be licensed only as an orthodontist. This would not prohibit the regularly licensed dentist from practicing orthodontia.

So it may eventually be with the other specialties: those who so desire might be graduated in the preferred specialty only, and licensed in that one department by the State Examining Board.

This, it is stated, would in no way limit the privileges of practice under the present dental license but would strictly limit the graduate who elected to take a special course and a partial license. Eventually it is probable that custom will require very special training for the specialist. Such a requirement would not interfere with the general practitioner. The dental license in the future, as now, must permit its holder to practice the whole range of dentistry if he so desires. So far as I can see into the future; the specialties must become even more specialized. In some states today the Medical Examining Boards have the option of granting a limited license to those practitioners who have so long specialized that they

are unable to handle a general practice. This protects the public from the man who has forgotten how and permits the public the services of the same man who is skilled in one branch of medical practice.

It is quite probable that in the next hundred years there will be changes in the Dental Educational Council not so much from voluntary retirement as from the immutable laws of Nature. It is highly probable that the future council will develop some method by which dental education can be more evenly distributed over the whole of dental science.

When we reach the stage of partial licenses for intensive specialists we will then go one step further and require those who limit their practices to show that they are actually qualified in a particular field. The outlook for dentistry in the next century is very promising but those who control its administration must provide for special development within the profession instead of allowing secession with its attendant conflict.

The Last Manuscript

AFTER the death of Dr. Kells this manuscript was found among his papers.

It shows how his mind wandered back over the years to that first Dr. Kells who went from Boston to New Orleans in 1850 to practice dentistry.

As a small boy, Dr. Kells saw the Civil War in the far South. As an aged man he saw the departure of younger men to the World War and their return.

Several times Dr. Kells told me that his greatest regret in life was that he was too young to be a soldier in the Civil War and too old to serve in the World War, so he took out his patriotic energy in serving the people of his community to the best of his ability, regardless of peace or war—which wasn't so

bad after all. Eddie Kells had the qualities of a splendid soldier. Here is the manuscript:

1850

DR. CHARLES E. KELLS
DENTIST

1919

DR. C. EDMUND KELLS
DENTAL X-RAY
DIAGNOSIS
MINOR ORAL SURGERY

1878

DR. CHARLES E. KELLS
DR. C. EDMUND
KELLS, JR.
DENTIST

1926

DR. C. EDMUND KELLS
DENTAL X-RAY
DIAGNOSIS

1896

DR. C. EDMUND KELLS
DENTIST

1928

~~DR. C. EDMUND KELLS~~
~~DENTAL X-RAY~~
~~DIAGNOSIS~~

In 1850 my father came to this city from New York, where he had studied under the famous Doctors Dodge.

In 1878 I became associated with him.

In 1896 my father passed on to his reward.

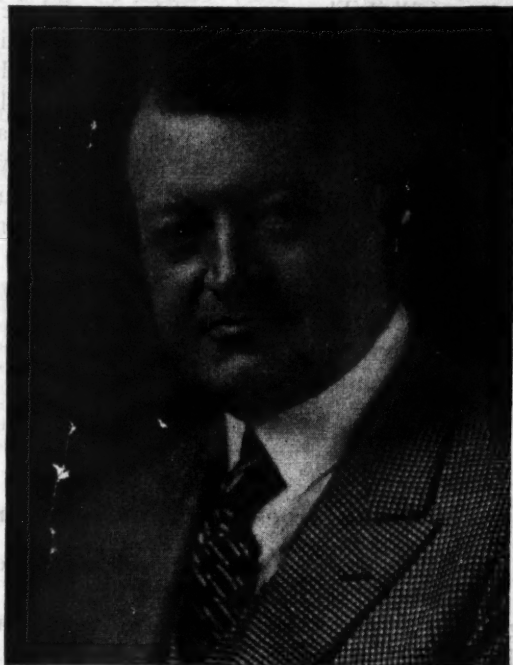
In 1919 I gave up general practice, limiting my practice to Consultations, X-ray Diagnosis, and Minor Oral Surgery.

In 1926 the heavens fell—my left arm was taken off. What a tragedy! Can you imagine it—rubbing off *Minor Oral Surgery*? Yes, that was tragic.

In 1928 a kindly Providence relieved me of the burden of life—life with one arm.

For over seventy-five years "Kells—Dentist" appeared upon a door plate, and now the name of Kells has been erased for all time.

The Children's Dentist Passes



MANY years ago, in Minneapolis, Dr. Phil Thomas became interested in the dental problems of children.

In the general practice of dentistry, children as patients had not been greeted with the same enthusiasm as were the "grown-ups." To Phil Thomas the idea occurred that the teeth of children—the temporary teeth—needed just as skillful care and just as careful thought as did the permanent teeth.

Like many other specialties, children's dentistry

grew from office nuisances to dignified scientific departments of a great profession. The pioneer work—the genius of Phil Thomas—must forever place him as one of the founders, if not *the* founder, of this benign branch of the healing art. Dear old Phil was loved by all ages. He never grew up himself. It seems only yesterday since he was worrying about whether the California State Dental Board would pass him or not and then after he did pass he couldn't seem to tear himself away from his child patients in Minneapolis.

On a trip to Oklahoma City in November he contracted pneumonia with fatal result.

His friends will miss him, but his work for children will continue to spread.

Dr. Hoffman Goes To Northwestern

DR. ABRAM HOFFMAN, for many years a resident of Buffalo, New York, has taken charge of the department of Orthodontia at the Northwestern University Dental School in Chicago.

Dr. Hoffman is an able orthodontist and has made many scholarly contributions to dental literature.

His work on the *Index to Dental Periodical Literature* has made him known throughout the dental world.

Dr. Hoffman is the type of man who will exert a splendidly beneficial influence upon students—firm, scholarly, conscientious, with the ability to impart his wide knowledge.

Personally, it always seemed to me that New York did not appreciate him. ORAL HYGIENE wishes him great happiness and success in his new work.

"Ask ORAL HYGIENE"

Conducted by
V. Clyde Smedley, D.D.S., and
George R. Warner, M.D., D.D.S.,
1206 Republic Bldg., Denver, Colo.



Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Not Injurious

Q.—A patient presented herself to this office for the extraction of several teeth, but refused a local anesthetic (2% novocain) because of the claim that such an injection had a direct action on her kidneys, "causing such distress that she thought she was going to die while in the dental chair" at a previous time. Could a local anesthetic have such action or is it purely due to a nervous origin?—D.H.I.

A.—It is the opinion of an experienced urologist that a novocain injection in the mouth could not injure the kidneys. It is possible that the adrenalin, through its stimulating effect on the heart, affected the circulation of the kidneys enough that they were stimulated, but if that were so the result should not be injurious.—G. R. Warner.

Get Right Angle

Q.—Enclosed find x-ray of upper right and endentulous mouth that I took for patient 64 years of age, who has been having very severe pains in the head, especially in the back of the head for years, in fact before the teeth were extracted eight years ago.

I am unable to account for the pipe stem line that extends over the bicuspid region and would appreciate any advice you might be able to extend.—H.D.O.

A.—The radiopaque area shown in the radiogram submitted with your letter, is the shadow of the zygomatic arch. The ray was directed from such a high angle that the shadow of this arch is thrown below the alveolar border and correspondingly distorted.—G. R. Warner.

Stiff Lip

Q.—Patient has had four lower dentures, none of which have been satisfactory. His lower lip seems to be stiff. When the denture is removed or in place, the muscles in this area are never relaxed.

How can this condition be remedied?—F.K.P.

A.—I have had two or three patients in the past with a stiff contracting lip such as you describe. In these cases, I just secured as good a fit as possible with the labial border and contour cut well back.—C. C. Smedley.

Antiseptics

Q.—In the October issue of ORAL HYGIENE* you speak of S. T.-37 also of dichloramin-T.

Kindly advise their chemical names, formula, and reaction.

In addition, what are the active ingredients or chemicals of Zonite (a trade name of a liquid solution now sold at drug stores)?—R.D.R.

*ORAL HYGIENE, Oct. 1928, p. 1928F.

A.—S. T.-37 is the trade name of an antiseptic put out by Sharpe & Dohme. It is a hexyresorcinol, capable of destroying pathogenic organisms in fifteen seconds, but does not unfavorably affect vital tissue. It can therefore be used full strength in the oral cavity with perfect impunity.

Dichloramin-T is a chloride preparation to be used in putrescent root canals or other putrescent areas where a Dakin's solution is indicated. The dichloramin-T is claimed to be more stable than Dakin's solution and to be fully as efficient.

Zonite is the trade name of another preparation with, it is claimed, double the strength of available chlorine contained in Dakin's solution.—G. R. Warner.

Pyorrhea Pockets

Q.—I have a female patient about 45 years old, that has a pyorrhea pocket lingual to each upper cuspid, about five millimeters deep.

I have cleaned and scaled the pockets thoroughly and have used various pyorrhea astringents, still the flow of pus continues.

The cuspids do not touch each other on closure in centric occlusion, but they are the only teeth striking in lateral occlusion.

The patient grinds her teeth when she sleeps and I believe the trauma produced the cause for the pockets not healing. I have ground the cuspids considerably but can't grind them enough to relieve trauma in lateral occlusion, because of sensitiveness.

What further treatment would you suggest?—H.M.F.

A.—The case is probably difficult to treat because of the tripping as the teeth pass from centric to eccentric occlusion.

It is frequently more effective to grind the sharp cusps of the occluding teeth of the opposing jaw. In doing this an effort should be made to round and polish the occluding cusps so that in the lateral move-

ments of the mandible there will be no sharp shock or excessive strain on the maxillary cuspids.

In curetting or scaling the pockets extreme care should be exercised in removing every minute particle of deposit and in leaving the root surface perfectly smooth. The type of scaler known as a planing instrument (the Carr) will bring about this result in a most satisfactory manner.—G. R. Warner.

Pull Third Molar Not Second

Q.—Am enclosing two x-rays of the same tooth. The patient is a woman about twenty-two and teaching school. Has had slight soreness about this lower right third molar region for two years. Has lost about twenty pounds in last two years and since losing the flesh the swelling which has gradually increased and shows up more plainly and keeps swelling very slowly. It is tender but not very sore. I am presuming the third molar is the cause of the trouble. It is pretty deep and the jaw is short and I would ask if it would be all right to remove the second molar and let the third come into place and then leave it or remove it as conditions indicate? The swelling is not large but easily noticeable.—C.U.H.

A.—As you suspect, the trouble in your case is probably from the impacted third molar. The third molar should be removed, not the second. If the second molar is removed, you have no assurance and very little prospect of the third molar ever assuming a vertical position with a normal contact with the first molar and good occlusion with the maxillary teeth.—G. R. Warner.

Nerve Pressure

Q.—I am enclosing two radiographs of area near mental foramen showing ridge of an endentous jaw.

This patient has continual pain in lip and mandible and can not stand to wear denture. The teeth have been extracted seven years and it was not until after extracting that patient experienced pain in this area. Do you think this is a bone condition or may it be a nerve injury?

Anything you may tell me that would be helpful in giving this patient relief will be appreciated.—M.W.S.

A.—The radiograms submitted, with your report of your case show radiopaque nodules along the cortex of the mandible near what was possibly the first bicuspid area. It is possible that this condition may be responsible for the pain which your patient experiences. It is also possible that there is pressure on the nerve through building in of the bone within the canal. It is advisable, therefore, to radiograph the mandible from the third molar to the cuspid area upon the affected side. It has been necessary in some cases to inject the inferior dental nerve with alcohol to overcome the pain because of pressure due to operative procedures or the building of bone from unknown sources.

—G. R. Warner.

Kraut Juice

Q.—I have a patient who has been suffering from canker sores in

her mouth for a year or more. Seven years ago I constructed full upper and partial lower vulcanite for this patient. About one year ago patient started having these terrible canker sores.

Patient, age 72-75 years, canker sores in region of lower bicuspid and under tongue at about these regions, as well as in front of mouth (lower).

I removed all lower teeth (six remaining ones) which were more or less loose, due to age, trauma and pyorrhea. I made new upper denture and lower of porcelite material, and patient is able to wear upper but not the lower.

Even though patient leaves out the lower denture, the canker sores seem to keep coming.

I think I have given you the history of the case to date. If you can tell me of a medicament to use to stamp out recurring canker sores, I will appreciate it very much.—E.G.S.

A.—Usually touching a canker with saturate solution of trichloroacetic acid will cause it to heal up very promptly.

Adding saurkraut juice to the daily diet will accomplish wonders in preventing recurrence in the most stubborn cases.—V. C. Smedley.

Dr. Thos. C. Bonney, of Aberdeen, So. Dak., would like to hear from dentists who have had an aspiration accident occur in the course of some dental operation, the reports of these cases to be incorporated in a forthcoming paper on the subject of dental aspiration accidents.

ORAL HYGIENE

invites its friends to visit booth 33 at the Chicago Dental Society meeting this month.



Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

Abner, the farm hand, was complaining to a neighbor that the wife of the farmer who employed him was "too close for anything."

"This morning," he said, "she asked me, 'Abner, do you know how many pancakes you have et this morning?' I told her I didn't have no occasion to count 'em.

"Well," she says, 'that last one was the twenty-sixth.' And it made me so mad that I jest got up from the table and went to work without my breakfast."

Actor: "My Kingdom, my Kingdom for a horse."

Voice from the Gallery: "Will a jackass do?"

Actor: "Sure; come right down."

"Smell anything, Grandmother?" asked the youngster who was lying on the floor drawing. Grandmother assured him that she did not.

The young artist gave a few finishing touches and repeated the question. Grandmother sniffed the air and again declared that she smelled nothing.

"Well," said the boy, "you ought to. I just drew a skunk."

MacGregor: "Are you the mon who cut ma hair last time?"

Barber: "I don't think so, sir. I've only been here six months."

Diner: "How's the corn today, waiter?"

Waiter: "Simply killing me, sir."

"You say your cow was disappointed in love, Rube."

"Yey, gol darn it, she fell for one of them Bull Durham advertising signs."

There is nothing so unsatisfactory as to announce that you have a secret which no inducement can prevail upon you to reveal, and then have no one coax you to break your resolution.

"Harry, dear, I found an honest dentist today," said Mrs. Cumso to her husband.

"You don't say! Tell me about this wonderful freak of nature!"

"Well, he examined my teeth and said they didn't need anything done to them."

"What did he charge you for that?"

"Only five dollars, when he might have worked all day, and charged me ten or fifteen. Doesn't that show he was honest, dear?"

"No; it shows he was lazy."

At the grave of the departed the old darky pastor stood, hat in hand. "Samuel Johnson," he said, "you is gone. And we hopes you is gone where we 'specks you ain't."

Mother: "Oswald, you should never do anything which you would be ashamed for the whole world to see."

Oswald: "Hooray! I won't have to take any more baths."

Customer: "Where is that ham you said you would bring me?"

Farmer: "Well, sir, that hog finally got well."

Mother: "You are at the foot of the spelling class again, are you?"

Boy: "Yes 'um."

Mother: "How did it happen?"

Boy: "Got too many z's in scissors."